

Attachment 11

MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

FISH CONTAMINANT MONITORING PROGRAM  
LABORATORY ANALYSIS REQUEST FORM

Water Body: \_\_\_\_\_ Site ID: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Send Results to: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

SAMPLE NUMBER	FIELD I.D. NUMBER	SPECIES	W/F
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Analysis

Lipids      Organic & Mercury      Mercury      Dioxins & Furans

Special Analysis: \_\_\_\_\_